

WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
of the
Medical Officer of Health
for the
YEAR 1956

D. A. McCRACKEN, M.D., D.P.H.

Westgate House,
Bury St. Edmunds.

The Chairman and Members of the West Suffolk County Council.
Mr. Chairman, Ladies and Gentlemen.

I have the honour to present to you the Annual Report of the County Medical Officer of Health dealing with the Health and Social Welfare Services for the County, for the year ended 31st December, 1956.

The health of the population has, judged by statistics and reports, been satisfactory. The death rate of 15.60 is 0.50 higher than that recorded in the previous year and compares with 15.70 for England and Wales. The number of stillbirths per thousand related live births shows a satisfactory decrease from 26.01 to 19.10 and the actual number was reduced from 50 to 38. The infant mortality rate of 25.60 shows no significant change from the rate of 25.70 in the previous year. The total mortality of 12.00 per thousand of the population is slightly higher than the rate of 11.30 for the previous year and is also slightly in excess of 11.70 for England and Wales. Of a total of 237 deaths from all forms of cancer 30 are attributable to cancer of the lung or bronchus. During the past quinquennium the average number of deaths from lung cancer was 30 and during this period there has been no significant increase. Neither has there been any increase in the total number of cancer deaths, which average 235 during the corresponding period. Deaths from tuberculosis continued to show a downward trend. The average number of deaths for the period 1952-56 was 12 whereas 50 years ago the average number of deaths for the period 1902-06 was 123.

The efficiency of the Ambulance Service continues to improve, and much of this may be attributed to the introduction of Radiotelephony. Experience so far gained makes one wonder how it was possible to operate the Ambulance Service without the use of this modern method of communication. The garage accommodation for the vehicles is not altogether satisfactory, but it is pleasing to record that preliminary negotiations have taken place for an Ambulance Depot to be erected at a central and very convenient site in Newmarket, whilst in addition the Council have approved in principle a site being obtained for a Depot in Bury St. Edmunds.

The Domestic Help Service in its present form appears to have reached the peak of the demand. Many of the home helps are worthy of special praise for the personal interest they take in the welfare of the aged. The work associated with the assessment of need is carried out by the health visitors and this work has the advantage of placing at the disposal of old people all the social welfare services provided by the department.

Satisfactory progress falls to be recorded in the provision of a new hostel for aged and blind persons in Bury St. Edmunds. At the time of writing a scheme has been approved by the Ministry and it is anticipated that tenders for the work will be received in October of this year. Whilst this additional accommodation will be most welcome, I am convinced that with the steady increase in the aged population coupled with the improved expectation of life, the time is not far off when consideration should be given to providing additional residential accommodation. During the year the Council agreed to the appointment of an occupational therapist so that the steady expansion of handicraft teaching available to the aged and disabled might be improved, but unfortunately so far it has not proved possible to obtain the services of a therapist. I am again grateful for the happy and cordial co-operation which exists with the Voluntary Associations dealing with handicapped persons and in particular the Voluntary Association for the Blind. The formation of the West Suffolk Old People's Welfare Association, on which the Council are fully represented, is doing good work for the benefit of the aged in the County. This Association, in addition to sponsoring new Old People's Clubs, has been instrumental in putting on a reasonable basis a chiropody service for old people.

I would again like to pay tribute to the workers in the voluntary Welfare Food distribution centres and to the voluntary workers who assist at the Child Welfare Centres throughout the County.

I have again much pleasure in recording my appreciation of the willing co-operation of my colleagues in the County districts and for the help and advice given me by my Chairman and his colleagues on the Health Committee. I acknowledge also the continued and sustained good work carried out by the medical and lay staffs of my Department.

I have the honour to be,

Your obedient Servant,

D. A. McCRACKEN,

County Medical Officer of Health.

31st July, 1957.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

County Medical Officer of Health:

D. A. McCracken, M.D., Ch.B., D.P.H.

Deputy County Medical Officer of Health:

Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

T. A. H. Smith, M.B., Ch.B.

G. P. Barclay, M.B., Ch.B., D.P.H.

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

Chest Physician (Part-time):

C. P. Hay, M.D., M.R.C.P.

Dental Surgeons:

S. H. Pollard, L.D.S. (Principal)

J. Dewar, L.D.S. (Part-time)

R. E. Lee, L.D.S. (Part-time)

Superintendent Health Visitor:

Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.

Supervisor of Midwives:

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

Food and Drugs Act:

Chief Inspector—D. Thompson.

Welfare Officers for the Blind:

Miss E. E. Ineson (to 17-8-56)

Miss E. E. Bitchenor, B.A. (from 1-10-56)

Welfare Officers:

J. E. Bradshaw (to 15-7-56)

B. W. Cockell

T. Keeling (from 3-9-56)

W. J. J. Tyrrell

Miss W. Gamble (Assistant)

Administrative Officer:

Miss D. L. R. Kilner

SUMMARY OF VITAL STATISTICS, 1956.

Area of Administrative County ...	...	...	...	390,916	acres
Population (Mid-year Estimate, 1956)	...	...	...	125,100	
Rateable Value ...	...	...	...	£1,036,064	
Estimated Product of a Penny Rate	...	...	...	£4,096	

Live Births:—

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate Per 1,000 Population.</i>
Legitimate	...	...	...	1,873	986	887	
Illegitimate	...	...	...	78	38	40	
				1,951	1,024	927	15.6

Stillbirths:—

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate Per 1,000 related Live and Stillbirths.</i>
Legitimate	...	...	...	35	20	15	
Illegitimate	...	...	...	3	1	2	
				38	21	17	19.1

Deaths:—

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate Per 1,000 Population.</i>
(All causes)	...	...	...	1,496	791	705	12.0
Deaths from Pregnancy, Childbirth or Abortion	...	...	...	—	—	—	Rate per 1,000 total live and stillbirths.

Infant Mortality:—

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Rate per 1,000 related births.</i>
Legitimate	...	...	...	48	33	15	25.6
Illegitimate	...	...	...	2	2	—	25.7
				50	35	15	25.6

Deaths from:—

Heart Diseases and Other Circulatory Diseases	...	...	...	478
Cancer (all ages)	...	...	...	237
Vascular Lesions of the Nervous System	...	...	...	232
Pneumonia and Bronchitis	...	...	...	136
Accidents	...	...	...	57
Tuberculosis	...	...	...	12
Measles	...	...	...	—
Whooping Cough	...	...	...	—
Diphtheria	...	...	...	—

NATURAL AND SOCIAL CONDITIONS.

Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

Population.

The Registrar-General estimated the resident population for the mid-year 1956 to have been 125,100 persons, as compared with 123,900 in 1955.

Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,496 (males, 791; females, 705) as compared with 1,402 in 1955. The crude total death rate based on the mid-year estimated population was 12.0, as compared with 11.3 in 1955. Lists of the causes of death are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, and given in the Table on page 5. Comparability factors for each Urban and Rural District have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors making allowance for age and sex distribution of the population, are handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area, modify the latter, so as to make it comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 32.0% of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 15.8% and 15.5% respectively. The number of deaths attributable to tuberculosis was 12 as compared with six for 1955. The mortality from zymotic diseases as a whole was low.

The death rates for 1952-1956 with those for England and Wales for comparison, are:—

		DEATH RATES.				
		1952	1953	1954	1955	1956
West Suffolk	...	11.4	11.3	11.5	11.3	12.0
England and Wales	...	11.3	11.4	11.3	11.7	11.7

Births.

The number of live births assigned to the County was 1,951 (1,024 males; 927 females), as compared with 1,866 in 1955. This was equivalent to a crude birth rate of 15.6 as compared with 15.1 for the previous year. The following table shows the trend of the birth rate for 1952-1956 together with the national rates for comparison:—

		BIRTH RATES.				
		1952	1953	1954	1955	1956
West Suffolk	...	14.5	16.7	15.7	15.1	15.6
England and Wales	...	15.3	15.5	15.2	15.0	15.7

Stillbirths.

The number of stillbirths reported was 38, as compared with 50 in the previous year. This is equivalent to a rate of 19.1 per 1,000 related live and stillbirths as compared with 23.0 for England and Wales.

Infant Mortality.

The number of infants who died before attaining their first birthday was 50 (35 males and 15 females). Of these two were illegitimate. The rate per thousand related live births was 25.6 compared with 25.7 for the previous year, and 23.8 for England and Wales. This is the lowest rate ever recorded in the County.

The rates for 1952-1956 together with those for England and Wales for comparison are:—

		INFANT MORTALITY.				
		1952	1953	1954	1955	1956
West Suffolk	...	27.8	26.2	28.7	25.7	25.6
England and Wales	...	27.6	26.8	25.5	24.9	23.8

Maternal Mortality.

There were no maternal deaths.

Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, Aenkaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasm of prostate	Pregnancy, childbirtb, abortion	Congenital malforma- tion	Other defined and ill- defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and opera- tions of war	All causes	
<i>Borough and Urban Districts—</i> Bury St. Edmunds	20,940	15.3	15.9	10.1	9.5	6								1	1	7	3	1	14	1	45	34	2	22	10	2	14	4	5	3				1	1	2	23	1	5	3		211	
Hadleigh ...	3,200	15.6	17.0	14.7	13.8										2	1	1	1	4		3	6	4	5	1		7	2						1		1	6		1		47		
Haverhill ...	4,330	16.2	16.5	12.5	10.4	1									1	1		1	4	2	9	8	2	4	1	2	6	3							1	7			1		54		
Newmarket ...	10,580	17.9	18.2	12.1	11.6	2	1	1							3	4	2		6	2	1	23	24	3	9	9	1	8	3	3			2		1	9	4	3	1	128			
Sudbury ...	6,260	12.6	13.9	15.2	10.6										2	2	2	1	6		12	14	4	15	6	1	12	2	1	3				2		1	6	1	2	95			
Totals ...	45,310	15.7	16.4	11.8	10.5	9	1	1						1	9	15	8	4	34	2	4	92	86	15	55	27	6	47	14	9	9			4	3	6	51	1	11	10	1	535	
<i>Rural Districts—</i>																																											
Clare ...	9,350	11.7	13.8	15.0	12.7										5	1	2	1	17	1	25	19	1	24	3		5	4	2	3				1	3	2	1	17	2	1		140	
Cosford ...	9,390	12.8	14.7	15.7	12.9	1									6	1	2	1	23		18	24	3	22	4	2	8	10	1					2		1	13	4	1		147		
Melford ...	12,890	12.9	13.0	13.9	12.4										5	4	5	1	17		30	24	7	32	3	2	8	6	4	7			2		2	16	4			179			
Mildenhall ...	19,670	20.0	24.4	9.4	12.0	1						1			2	2	3	1	21	1	28	28	2	25	5	1	5	6	4	2				2	1	2	24	8	9	1	185		
Thedwastre ...	8,930	18.0	21.2	11.8	10.6										3	2	1		14		7	14	4	16	4		4	2	4	3				1		1	17	3	5		105		
Thingoe ...	19,560	14.7	16.7	10.5	10.4	1								1	2	5		1	19		2	32	36	11	30	9	2	14	3	2	2			1		2	17	6	4	2	205		
Totals ...	79,790	15.6	19.8	12.0	9.2	3						1		1	23	15	13	5	111	2	2	140	145	28	149	28	7	44	31	17	17			5	8	7	104	17	28	5		961	
Grand Totals	125,100	15.6	17.2	12.0	11.2	12	1	1				1		2	32	30	21	9	145	4	6	232	231	43	204	55	13	91	45	26	26			5	9	11	13	155	18	39	15	1	1,496
															Cancer																												

CARE OF MOTHERS AND YOUNG CHILDREN.

Health Visitors.

The full establishment of health visitors has been maintained during the year.

Four health visitors attended the Refresher Courses arranged by the Women Public Health Officers' Association.

A Study Day was also arranged locally for the health visitors and district nurses. This proved a great success, very interesting and instructive lectures being given by the Mental Nursing Officer of the Ministry of Health, a Geriatric Consultant, a Consultant Obstetrician and a neighbouring County Borough Medical Officer of Health. Films were also included.

An arrangement was made with the West Suffolk General Hospital for third year students in training to accompany the health visitors for a day on at least twelve occasions in order to gain some knowledge of the scope of a health visitor's work.

The total number of visits paid by health visitors was as follows:—

Children under 1 year	...	...	12,382
„ between 1 and 2 years	...	...	6,546
„ between 2 and 5 years	...	...	13,897
Expectant mothers	...	...	468
Other cases	...	...	3,318
			<hr/> 36,611 <hr/>

By kind permission of Dr. R. M. Mayon-White, the Consultant Paediatrician, the health visitors continued to make regular visits to the Children's Ward at the West Suffolk General Hospital except during the time that petrol was rationed.

Child Welfare Centres.

All the Child Welfare Centres were continued and a new one was opened at Great Cornard. At the end of the year there were 27 centres in the county. The total number of children who attended during the year was 2,669. Of these 828 were under one year of age, representing 42.4% of the total registered births. The total number of attendances was 17,120 including 9,913 made by children under one year of age.

In addition the health visitors assisted at Service centres organised by medical officers of the R.A.F. for the wives and children of Service personnel at Stradishall, Mildenhall and Honington.

Birth Control Clinic.

The arrangements made with the County Borough of Ipswich for the attendance at Allington House, Ipswich, of West Suffolk patients, when recommended by the County Medical Officer, continued throughout the year. The following attendances were made:—

First attendances—39; Re-visits—10.

Maternity and Nursing Homes.

There are no registered Homes in the County.

Nurseries and Child-minders Regulations Act, 1948.

On the 31st December, there were three registered nurseries providing accommodation for 57 children. The premises were inspected at regular intervals by the Assistant Medical Officers. No applications were received from prospective child-minders.

Medical and Dental Examination of Children in the Care of the County Council.

The medical officers inspected all children in the long-term care of the County Council, doing most of this work in the school summer holidays and the dental officers inspected all such children aged three years and over. Special examinations were also carried out when asked for by the Children's Officer and, as in previous years, a number of children boarded out in this county by the East Suffolk County Council were examined on behalf of that Authority.

Dental Care.

The following is the report of Mr. S. H. Pollard, Principal Dental Officer:—

“ Expectant and Nursing Mothers.

It appears that the majority of these patients who seek dental treatment obtain it through the general dental practitioner service of the National Health Service. A small number have been treated at the Dental Clinics at Bury St. Edmunds and Sudbury. Only two new cases were seen during the year.

Pre-School Children.

In the case of this class of patient also the number treated continues to be very small. As long as the acute shortage of staff persists the position is likely to remain unaltered.

Dental Health Education.

A start has been made, on a small scale, in the giving of talks to groups of young mothers. In the field of oral hygiene much progress can be made and one feels that such talks are well worth while. The question of diet, in particular the excessive consumption of sugar, is more difficult. The advice one must offer not only calls for a radical change in dieting habits but cuts right across the apparently accepted principles of infant management. The administration of sugar in various forms as a ‘tranquilizer’ for infants is far too common and has disastrous effects on the teeth.”

NUMBERS PROVIDED WITH DENTAL CARE.

	<i>Examined.</i>	<i>Needing Treatment.</i>	<i>Treated.</i>	<i>Made Dentally Fit.</i>
Expectant and Nursing Mothers	2	2	2	2
Children under five	21	16	16	9

FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Exts.</i>	<i>Anaesthetics General</i>	<i>Fil- lings</i>	<i>Scalings or Scaling and gum treat- ment</i>	<i>Silver Nitrate treat- ment</i>	<i>Miscel- laneous operations</i>	<i>Radio- graphs</i>	<i>Dentures provided</i>	
								<i>Com- plete</i>	<i>Partial</i>
Expectant and Nursing Mothers	10	3	4	3	—	20	3	3	—
Children under five	21	14	8	—	1	21	—	—	—

Speech Therapy.

No speech therapy was carried out, as the speech therapist resigned at the end of 1955 and it has been found impossible to replace her.

Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association were maintained. A total of 26 cases was referred to the Association and reports were received from the moral welfare workers. The County Council accepted financial responsibility for the maintenance of 26 unmarried mothers in suitable homes and a grant of £200 was paid to the Association.

Care of Premature Infants.

A total of 106 premature births was recorded. Of the 36 infants who were born at home, 31 were nursed entirely at home, the remainder being transferred to hospital. Of those nursed at home, 30 survived the first month. Of the 70 infants born in hospitals and Nursing Homes 58 survived the first month.

Three specially equipped cots were available, on loan, for the domiciliary cases.

Prevention of Break-up of Families.

The health visitors had 36 “problem families” under close observation during the year. Definite improvement was noted in 11 cases and slight improvement in seven cases. There are always, however, some cases which appear to make little response to the efforts of the visitors, as when a mother, of rather low intelligence, is over-burdened with a large family and the father is “work-shy”.

A certain number of cases of non-payment of rent were referred by District Councils, but on following these up, promises of payment were obtained and action under the Council’s scheme for re-imburement of rent was unnecessary.

Consultation and co-ordination with other workers in the field was maintained, and I would like, particularly, to acknowledge the willing and efficient assistance rendered by Mr. Watkins, the N.S.P.C.C. Inspector.

The extract from a health visitor’s report on a particular case quoted below, illustrates the type of case dealt with.

“A little word of encouragement goes a long way. She has a weekly bath and bathes the children. The house is much cleaner. A poor washer. Experiments with cooking. Made an apple pie once ‘and they ate the lot’! Buying a wireless set on H/P. Bought sheets and a blanket from ‘clothing club’. When asked why their general way of life had improved, Mrs. X said ‘because of the better house’.”

The move to a better house undoubtedly often stimulates the desire for better conditions generally, but the “little word of encouragement” offered by the health visitor, after a long period of patient and persistent advice, is a not unimportant factor in maintaining improvement.

Distribution of Welfare Foods.

The Main Centres continued at Bury St. Edmunds, Mildenhall, Newmarket, Hadleigh, Haverhill and Sudbury. At 31st December there were 98 voluntary distribution centres.

During the year the following issues were made:—

CENTRES	COMMODITY			
	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets Packets	Orange Juice
	Tins	Bottles		Bottles
MAIN				
Bury St. Edmunds ...	14,414	3,611	1,440	22,271
Mildenhall ...	2,575	711	354	4,331
Newmarket ...	8,692	1,272	667	9,673
Hadleigh ...	1,182	565	165	2,611
Haverhill ...	2,752	660	348	4,110
Sudbury ...	4,063	1,087	501	7,581
TOTAL ...	33,678	7,906	3,475	50,577
VOLUNTARY ...	28,569	7,768	2,004	41,339
TOTAL ISSUES ...	62,247	15,674	5,479	91,916

MIDWIFERY AND HOME NURSING.

Midwifery.

The number of midwives who had given notice of their intention to practise in the County by 31st December, 1956, was 84. The number of cases attended was as follows:—

County Domiciliary Midwives ...	703
Private Domiciliary Midwives ...	—
Institutional Midwives ...	1,039*
Total...	1,742

*West Suffolk cases only.

Domiciliary Service.

On 31st December, 44 nurses were employed:—

Queen's Nurse-Midwives ...	13
Other District Nurse-Midwives ...	31

These numbers include two part-time relief nurses. Medical aid was called by midwives in 109 cases, in 106 of which the medical practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme.

All midwives employed by the Council are qualified to administer gas and air analgesia. Analgesia is always offered by the Council's midwives. It is not administered when the patient refuses it, or when she is considered medically unfit, or when labour is too far advanced when the midwife is called. Trilene is also available in certain districts, and during the year a lecture on the use of this new analgesic was given to the staff by Dr. H. Marcus Bird, Consultant Anaesthetist at the West Suffolk General Hospital. Midwives who have notified their intention to practise are authorised to possess and administer pethedine, so far as is necessary for the practice of their profession. Gas and air analgesia was administered to 535 women and Trilene to 50 women. A doctor was not present at the time of delivery in 418 of these cases. The total of 585 represents 83.2% of all domiciliary cases. Pethedine was administered in 408 cases.

In addition to home confinements, domiciliary midwives visited 390 cases who were delivered in hospitals and discharged before the 14th day.

Sterilised Maternity Outfits—Seven hundred and sixty-one packs costing 11/10d. each were supplied free for domiciliary confinements.

Post-Graduate Training—Seven District Nurse-Midwives attended a Post-Graduate Course, arranged by the Royal College of Midwives at Newnham College, Cambridge.

Antenatal Care.

As suggested by the Ministry of Health, a meeting of professional representatives of the hospital service, the County Council and the general medical practitioners was convened by the Chairman of the West Suffolk Hospital Management Committee to discuss the memorandum of the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council, on "Ante-Natal

Care Related to Toxaemia". In view of the statements made in the memorandum that toxaemia is the principle cause of avoidable maternal death and is also responsible for 20 % of stillbirths, the committee agreed that full and complete antenatal examinations, as already carried out by many doctors in this County, should be part of the general practitioner's contract under the Maternity Medical Service, and that the District Nurse-Midwife should be invited and welcomed to play her part in the antenatal examinations, either with the doctor or on her own.

The representatives at this meeting also agreed that blood-testing for haemoglobin and group and Rhesus factors, and for Wassermann and Kahn tests should be part of the contract in the Maternity Medical Service, facilities for all these tests being available in the area. They agreed that the provision of antenatal record cards for the use of medical practitioners would be useful, and that antenatal records should be available to those concerned in the care of the mother both before and during labour.

With regard to health education and the preparation for motherhood it was felt that the personal approach, through general practitioners, district nurse-midwives and the medical and nursing staff of hospitals, was preferable to organised health talks, antenatal exercises, etc.

Home Nursing.

The Home Nursing Service was carried out by the District Nurse-Midwives. The number of patients attended was 4,437 and the number of visits paid totalled 70,836.

A large proportion of the children who were ill were admitted to the children's ward of the local hospitals. Those nursed at home numbered 393, of whom 238 were under 5 years of age and 155 were between 5 and 15 years, the number of visits paid by the District Nurses being 1,331 and 951 respectively.

The use of antibiotics, on which I commented in my report last year, continued to increase and the number of special visits paid as a result of this was greater than before.

INJECTIONS.

<i>Drug.</i>			<i>General Nursing.</i>	<i>Special Visits.</i>	<i>Total.</i>
Penicillin	...	...	527	1,710	2,237
Mersalyl	...	...	360	4,460	4,820
Streptomycin	...	...	4	1,132	1,136
Insulin	...	...	867	10,299	11,166
Others	...	...	410	2,770	3,180
TOTAL			2,168	21,371	22,539

AMBULANCE SERVICE.

<i>Year</i>	<i>Ambulance</i>		<i>Sitting Cars</i>		<i>Taxis</i>		<i>Railway Patients</i>	<i>Estimated Mileage</i>
	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>		
1951	7,104	126,295	9,206	234,927	99	4,956	5	510
1952	8,672	122,190	19,777	261,664	58	1,411	39	4,070
1953	9,208	138,215	21,107	267,668	13	910	47	4,700
1954	13,116	146,411	25,362	290,641	2	24	100	8,120
1955	15,060	143,151	27,144	317,334	4	54	75	6,177
1956	12,955	135,258	24,423	281,109	9	695	97	6,971

Ambulances.

The total mileage of 135,258 is a decrease of 5.5 % on 1955. In 1956 the average number of miles run per patient was 10.4 compared with 9.5 for the previous year.

Sitting Cars.

The figures given under this heading include both the Council's dual purpose ambulances and the Hospital Car Service, and the mileage is 11.4 % less than that for the previous year. Indeed this is the first reduction in mileage since the inception of the National Health Service. The average miles run per patient was 11.5 compared with 11.7 in 1955.

Ambulance Control.

The Suffolk and Ipswich Fire Authority continued, through its Divisional Control at Bury St. Edmunds, to man the Ambulance Control outside normal office hours.

The whole arrangement was reviewed towards the end of the year, and it was decided to continue what has been a very satisfactory arrangement. As from 1st December, however, the Council is to make an annual grant of £500 towards the cost of Fire Service personnel.

Radiotelephony.

A radiotelephony scheme was brought into operation on 22nd February. Ten vehicles (including the two dual purpose ambulances) are equipped with wireless. The fixed control station is located at Ousden, and shares the radio masts installed by the Home Office for the West Suffolk Constabulary. This station is remotely controlled from the Ambulance Control located in the Health Department.

After a little more than ten months' working, it is obvious that the saving in mileage through the diversion of vehicles is but one of the satisfactory features of radiotelephony. It is a more rapid service in emergencies, but the ability to divert ambulances, already away from the stations, to any place, cannot be measured statistically. From 1st April until the end of the year there were 158 diversions through which it is estimated that 807 miles were saved. Reception within the County has, generally speaking been very good. Communication has easily been established by Ambulance Control with vehicles outside the County at Braintree, Cambridge, Colchester, Saffron Walden and Thetford. At the end of the year the installation of a remote control unit at the Divisional Fire Headquarters, Bury St. Edmunds, was agreed to.

General.

Co-ordination of journeys, wherever possible, was aimed at throughout the year. Doctors and hospital authorities were very co-operative, and times of appointments were often changed to achieve this end.

As far as one could judge in the comparatively short period concerned, the imposition of petrol rationing had no impact on the call on the ambulance or sitting car service. This position seems to have been maintained.

Once again I wish to record my appreciation of the ever ready and consistent co-operation of the staff of British Transport Commission and the London Ambulance Service. The movement of patients on long journeys is carried out by railway wherever possible, and one hears nothing but the highest praise from patients and escorts, of the smooth way in which the arrangements work. More often than not, the London Ambulance Service is involved in transporting the patients between London termini.

PREVENTION, CARE AND AFTER CARE.

Tuberculosis.

The arrangements for the supervision of tuberculous patients continued as in previous years. The number of notified cases of tuberculosis on the register at the end of 1956 was:—

<i>Pulmonary.</i>			<i>Non-Pulmonary.</i>			Total Cases.
Male.	Female.	Total.	Male.	Female.	Total.	
235	233	468	46	59	105	573

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES.

DEATHS.

<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non- Pulmonary</i>		<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non- Pulmonary</i>	
	M.	F.	M.	F.		M.	F.	M.	F.
0	1	—	—	—	0	—	—	—	—
1	—	—	—	—	1	—	—	—	—
2	—	—	1	—					
5	1	1	2	2	5	—	—	—	—
10	—	1	1	1					
15	—	1	1	1	15	—	1	—	—
20	2	1	—	1					
25	5	3	2	1	25	1	—	—	—
35	3	4	1	1					
45	1	1	1	—	45	5	2	—	—
55	1	1	—	—					
65	1	—	—	—	65	2	—	1	—
75	—	—	—	—	75	1	—	—	—
TOTALS	15	13	9	7	TOTALS	9	3	1	—

The total primary notifications of tuberculosis amounted to 44 (28 pulmonary, 16 non-pulmonary), as compared with 43 in 1955. The notification rate of pulmonary and non-pulmonary tuberculosis was 0.31 and 0.03 per thousand of the population respectively.

Examination of Contacts.

184 contacts were invited to attend for examination and of this number 173 were examined by the Chest Consultant.

B.C.G. Vaccination.

72 children were protected by B.C.G. vaccination.

Mortality.

The number of deaths from pulmonary tuberculosis was 12 (9 males and 3 females). This was 0.42% of all deaths. There was one death from non-pulmonary tuberculosis.

After-Care and Rehabilitation.

Eleven patients suffering from tuberculosis were provided with additional nourishment in the form of extra milk, on the recommendation of the Chest Physician. At the end of the year two patients were undergoing rehabilitation in the Papworth Village Settlement Scheme. One full-time health visitor made a total of 1,195 visits to tuberculous households and also attended two weekly Chest Clinics provided by the Regional Hospital Board.

Recuperative Holidays.

The arrangements for recuperative holidays under Section 28 of the National Health Service Act, 1948, have been continued for debilitated persons recommended by private practitioners, health visitors and district nurses. The rest and change have proved beneficial and letters of thanks and appreciation received have testified to the good results.

Medical Loan Depots.

An annual grant of £50 was made to the British Red Cross Society to enable the Society to keep abreast of the demands for the more major, and thus, more expensive items of equipment.

This service is greatly appreciated both by the members of my Nursing Staff and the patients who through ill health are obliged to use it. There appears to be an increasing demand for invalid chairs and commodes.

MENTAL HEALTH SERVICES.

Administration.

This is the third full year during which the County Council has been responsible for the Mental Health Services. The detailed administration of these Services are carried out by the Mental Health and General Purposes Sub-Committee, consisting of members of the Health Committee and co-opted members. Meetings are held quarterly.

Staff.

The County Medical Officer is responsible for the administration of the Service. He is assisted by the Deputy County Medical Officer and three Assistant County Medical Officers, all of whom are approved by the Authority to certify under Section 5 of the Mental Deficiency Act, 1913, while three are approved by the Minister under Section 1(3) and 5(3) of the Mental Treatment Act, 1930.

Lay supervision of defectives is undertaken by welfare officers and health visitors. The welfare officers and a member of the administrative staff are appointed Petitioning Officers under the Mental Deficiency Regulations, 1948, and Duly Authorised Officers under the Lunacy and Mental Treatment Acts. An assistant welfare officer continues to devote part of her time to instructing mental defectives in handicrafts.

Co-ordination with Regional Hospital Board and Hospital Management Committees.

Excellent co-operation between the Department and the East Anglian Regional Hospital Board, the Hospital Management Committees and individual Hospitals continued. This was especially featured in the supervision of defectives on licence, the provision of home reports for Hospital Management Committees, and the visiting of some patients upon discharge from Mental Hospitals by officers of the Authority, and the use of specialist services of the Regional Hospital Board on occasions.

Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations.

Training of Mental Health Workers.

No formal training of these Workers has been given.

Section 28, National Health Service Act, 1946.

During the year an arrangement was begun with St. Audry's Hospital, whereby, in addition to the usual statutory notification of a patient's departure from the Hospital, details were given as to the diagnosis and recommendations for after-care. This new procedure has led to welfare officers playing a much greater part in the after-care of patients leaving Hospital. Much advice, help and encouragement was given to patients trying to re-establish themselves in the community, and in this connection

the importance of maintaining a close and friendly relationship with officers of other statutory and voluntary social agencies in the area was apparent. The increase in the number of admissions to hospitals and the continuing high percentage of voluntary patient admissions made the work of after-care more important.

Supervision, occupational therapy, and help with employment and home problems were part of the service rendered to defectives. Four defectives received temporary hospital care during the year.

Lunacy and Mental Treatment Acts, 1890—1930.

The following patients are known to have been admitted to Mental Hospitals:—

<i>Type of Case.</i>	<i>Number.</i>			<i>Percentage of Total Admissions.</i>
	<i>M.</i>	<i>F.</i>	<i>T.</i>	
Certified cases admitted directly	10	13	23	9.7
Voluntary cases admitted directly	83	97	180	75.6
Cases admitted under Section 21	—	2	2	0.8
Cases removed under Section 20 and later:				
(a) admitted as Certified patients	2	—	2	0.8
(b) admitted as Voluntary patients	11	17	28	11.8
(c) discharged before or after extension under Section 21A	2	1	3	1.3
	<hr/> 108	<hr/> 130	<hr/> 238	<hr/> 100.0

The following table gives the numbers of Certified patients admitted during the year by age groups:

<i>Age Group.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Under 20	—	—	—
20—29	—	1	1
30—39	2	4	6
40—49	2	2	4
50—59	3	2	5
60—69	3	2	5
70—79	—	2	2
80 and over	—	—	—
	<hr/> 10	<hr/> 13	<hr/> 23

Duly Authorised Officers were engaged in 118 cases.

The total number of admissions to Mental Hospitals of 238 patients compares with 200 in 1954 and 205 in 1955, an increase on 1954 of 19%, and on 1955 of 16%. Despite this trend, the actual number of Certified patients admitted directly fell from 30 and 27 for 1954 and 1955, respectively, to 23 in 1956. This was 9.7% of all admissions as compared with 15% for 1954 and 13.1% for 1955. The rather greater use of Section 20 was one factor in reducing both the number and percentage of cases certified.

As in previous years there was the problem of how to secure suitable care for elderly persons whose mental health had deteriorated simply as a result of senility. Where the unsuitability or lack of availability of home or chronic sick hospital care compelled their admission to a Mental Hospital, every effort was made to avoid their certification, and the fact that only two persons aged over 70 years had, unfortunately, to be certified as the only means of securing Mental Hospital care, bears witness to such efforts.

Mental Deficiency Acts, 1913—38.

The number of ascertained cases on the Register at the end of the year was as follows:—

<i>In Hospitals (Under Order).</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Etloe House, Leyton	—	1	1
Harperbury Hospital	1	—	1
Little Plumstead Hospital, Norwich	12	7	19
Monkton Hall, Jarrow	1	—	1
Moss Side Hospital	1	2	3
Rampton Hospital, Retford	1	—	1
Royal Eastern Counties Hospital, Colchester	45	39	84
Risbridge Home, Kedington	41	42	83
Riversfield Home, St. Neots	4	1	5
St. James' Hospital, Saffron Walden	—	1	1
St. Joseph's Home, Sudbury	—	5	5
St. Mary's Convent, Roehampton	—	4	4
Stoke Park Hospital, Stapleton	1	3	4
	<hr/> 107	<hr/> 105	<hr/> 212

<i>Community Cases under Supervision.</i>					<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Under Guardianship	...	...	...	...	—	1	1
„ „ (other Authorities' cases)	...	...	...	...	1	3	4
„ Licence (including other Authorities' cases)	...	...	...	...	4	6	10
„ Statutory Supervision	...	...	...	...	82	94	176
„ Voluntary Supervision	...	...	...	...	19	20	39
					106	124	230

Cases otherwise Ascertained.

In St. Mary's Hospital, Bury St. Edmunds	...	...	...	...	6	9	15
In Walnuttree Hospital, Sudbury	...	...	...	...	—	2	2
In Mental Hospitals	...	...	...	...	6	4	10
Community cases known not to be under supervision and so far as is known living in the County	...	...	...	...	46	44	90
					58	59	117
Total number of cases on Register	...	...	...	...	271	288	559

Ascertainment rate: 4.5 per 1,000 of the population.

Ascertainment.

During the year two new cases were ascertained, and these came to the Authority's notice as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
(a) Cases reported under Education Act (57-3)	—	—	—
(b) „ „ „ „ „ (57-5)	—	—	—
(c) „ „ by the Police or the Courts ...	—	—	—
(d) „ „ from other sources ...	1	1	2
	—	—	—
Total cases ascertained as “subject to be dealt with” ...	1	1	2
(e) Other cases reported who were not “subject to be dealt with” ...	—	—	—

These cases were dealt with as follows:—

(a) Cases ascertained as “subject to be dealt with”				
Admitted to Hospital under Order	...	1	—	1
Placed under Statutory Supervision	...	—	1	1
		—	—	—
		1	1	2
		—	—	—

Guardianship.

At the end of the year five cases were under Guardianship, three being supervised on behalf of other Local Health Authorities, and one on behalf of the Guardianship Society. Two earned or contributed towards their own livelihood.

Licence.

At the end of the year 10 patients on licence from hospitals were being supervised. Many of these were well behaved, leading useful lives in the community.

Supervision.

The visitation of most children and women was carried out by health visitors and that of youths and men by male welfare officers. Some 530 visits were paid to patients under Statutory Supervision, and 110 to those under Voluntary Supervision.

Six cases were considered socially stabilised to such a degree as to warrant removal from supervision. Most of those suitable for work were employed, undoubtedly because of the continuing high level of employment in the County generally. On the whole, visits were welcomed by parents and guardians, but whenever application was made by them for a defective's re-examination, this was carried out.

Admissions to Hospitals.

There were 16 patients on the hospital waiting list, as compared with 15 in 1955. Four cases were admitted under Order to hospitals, all of whom were on the waiting list at the time of admission. Five new cases were added to the list.

It is appreciated that the Regional Hospital Board is doing what it can to overcome the still serious shortage of hospital accommodation by extension of existing premises and efforts to recruit more nursing staff.

Home Training.

During the year some 14 defectives received instruction in handicrafts from an assistant welfare officer.

Ambulance Service.

The transport of patients to Mental Hospitals was shared between the Ambulance Service and officers' own cars.

DOMESTIC HELP.

The Domestic Help Service, provided under Section 29 of the National Health Service Act, 1946, to those requiring it because of the presence of a person who was ill, lying-in, an expectant mother, a mental defective, aged, or a child not over school age, again continued to expand, particularly amongst the aged population.

Many of the aged and disabled cases have now been receiving help for a number of years. In many cases the aged and chronic sick are entirely dependent on the home helps for shopping as well as house work. This problem becomes more acute during the winter, when many old people become house bound.

At the end of 1956 the number of enrolled helpers was 261 and the number of cases being assisted was 195 as compared with 206 enrolled helpers and 170 cases being assisted at the end of 1955.

The cases assisted during the year were as follows:—

Maternity...	...	...	...	...	...	16
Tuberculous	...	...	...	...	...	10
Chronic Sick, including Aged and Infirm	...	...	...	...	...	283
Others	...	...	...	...	...	59
						<hr/> 368 <hr/>

All the field work continued to be carried out by the health visitors in their respective areas.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

Infectious Diseases.

Scarlet Fever. The number of cases notified totalled 41 as compared with 118 in 1955. There were no deaths. The disease in general continued to be of a mild clinical type.

Whooping Cough. A total of 178 cases were notified as compared with 168 in the previous year. No deaths were ascribed to this disease.

Measles. A total of 1,226 notifications were received as compared with 1,206 in 1955. There were no deaths.

Acute Poliomyelitis. There were nine confirmed cases notified—seven of whom were paralytic and one of whom succumbed to the infection. Five confirmed cases—also paralytic—were notified in 1955.

Dysentery (bacterial). 88 cases were notified as compared with nine in the previous year. Most cases were due to infection by *S. sonnei*.

Ophthalmia Neonatorum. One case was notified but there was no impairment of vision. Six cases were notified in the previous year.

Erysipelas. There were seven cases as compared with 11 in 1955.

Puerperal Pyrexia. 17 notifications were received as compared with 30 in the previous year.

Pneumonia (Acute primary or influenzal). A total of 96 cases were notified as compared with 66 in 1955. Deaths from all forms of this infection amounted to 91 as compared with 90 in 1955.

Typhoid and Paratyphoid Fevers. Two cases were notified as compared with three in the previous year.

Food Poisoning. A total of 14 cases of bacterial food poisoning were notified as compared with 20 in 1955.

Infective Hepatitis. There were 30 cases as compared with 54 in the previous year.

Meningococcal Infection. Three cases were notified. None was notified in 1955.

Vaccination and Immunisation.

Following announcements by the Minister of Health that a limited amount of poliomyelitis vaccine would be available for use by local health medical officers during May and June, 1956, circulars to this effect, incorporating application forms, were sent to all primary and private schools in the County. Headmasters were asked to issue them to all families with children born in the years 1947 to 1954. This was in addition to other methods of publicity such as notices at child welfare centres and in local newspapers, etc. 3,350 applications were received, equivalent to some 22% of the children in the appropriate age group, and approximately 320 of these were born in the months and years eventually selected by the Minister for treatment during 1956.

To avoid waste of vaccine, which was received mainly in bottles containing ten doses, all of which had to be used within a day of the bottle being opened, all inoculations were carried out at clinics.

A relatively high proportion of the applications were from families in the middle and higher income groups and, as was to be expected, the numbers failing to keep appointments were few. No local or general reactions were reported and in only two cases was the second dose refused, in one, apparently, because the child developed chickenpox a few days after having the first dose.

Children who had their first doses after the beginning of June were given their second doses during the second week in December, and by the end of the year 310 children had completed the treatment.

The public interest in vaccination against poliomyelitis may have contributed to the decrease in the number of children immunised against diphtheria as compared with the number for the previous year, although this is partly accounted for by the fact that, for a period at the end of the year, immunisations by the county staff were stopped in a considerable area of the County because of the occurrence of some cases of poliomyelitis.

The number of persons immunised or vaccinated during the year is as follows:—

				By County Staff.	By General Practitioners.	Total.
Immunisation for Diphtheria—						
Primary doses	...	...	...	298	73	371
Re-inforcing doses	...	...	...	1,119	131	1,250
TOTAL				1,417	204	1,621
Immunisation for Diphtheria and Whooping Cough—						
Primary doses	...	...	...	286	805	1,091
Re-inforcing doses	...	...	...	11	163	174
TOTAL				297	968	1,265
Immunisation for Whooping Cough—						
Primary doses	...	...	...	5	23	28
Re-inforcing doses	...	...	...	—	—	—
TOTAL				5	23	28
Vaccination against Small-pox—						
Vaccination	...	...	...	—	1,012	1,012
Re-vaccination	...	...	...	—	269	269
TOTAL					1,281	1,281
Vaccination against Poliomyelitis—						
Primary doses	...	...	...	310	—	310

HEALTH EDUCATION.

Lectures and talks on health subjects were given at meetings of various organisations such as Women's Institutes, Mothers' Unions and parent-teacher associations, by members of the medical, health visiting, nursing and welfare staffs. Courses of lectures on home-nursing were again given by health visitors to the girls undergoing pre-nursing training at the Silver Jubilee School, Bury St. Edmunds, and the Sudbury Modern Secondary School, and a considerable amount of their leisure time was given by certain health visitors to lecturing on home nursing to members of the British Red Cross Society, the St. John's Ambulance and the Civil Defence organisation. They also examined in this subject for the British Red Cross Society and St. John Ambulance.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The sampling of milk for all those services for which the County Council is responsible, is carried out under the supervision of the County Medical Officer by Mr. D. Thompson, the Chief Sampling Officer and Inspector of Weights and Measures and his staff.

Pasteurising Plants.

Seven pasteurising plants remained licensed at the end of 1956. These plants were all inspected regularly by the Chief Sampling Officer and his staff. The following samples were taken:—

No. of Samples Taken	Phosphatase Test		Methylene Blue Test			Failed Both Tests
	Passed	Failed	Passed	Failed	Not Tested	
278	274	2	195	1	80	2

The failures on the phosphatase test occurred in two of the plants. In two cases underheating was the cause, and the others were due to post pasteurisation contamination. These failures were followed up and subsequent samples proved satisfactory.

Sale of Infected Milk.

Samples were taken from 23 tuberculin-tested herds and 24 non-designated herds for biological tests and no failures were recorded. For the second year in succession no organisms of tubercle or brucella abortus were found in any of the samples.

Milk in Schools.

All “maintained” schools in the County were supplied throughout the year with pasteurised tuberculin-tested, pasteurised or tuberculin-tested milk. On a day chosen at random in October, 12,848 children had milk. This represents approximately 74% of the school population.

The following samples were taken:—

	Passed	Failed	Invalid or Not Tested	Total
<i>Pasteurised Milk:</i>				
Phosphatase Test	113	2	—	115
Methylene Blue Test	104	3	8	115
<i>Tuberculin Tested:</i>				
Biological Examination	5	—	1	6
Methylene Blue Test	5	—	1	6

The causes of the failures were investigated with the view of preventing recurrence.

Food and Drugs Act.

The Inspector of Weights and Measures and his staff took 490 samples of which 56 were found to be adulterated or not up to standard. The percentage of adverse reports was 11.6, an increase on that for the year 1955, which was 9.3.

Of the 46 samples of milk that were below standard, tests showed excessive water in four cases. Only one retailer was involved with these, 3 further samples having been taken after an unsatisfactory result of a sample from a school. As the “appeal to cow” samples showed abnormal results no action was taken but details of the analysis were sent to the producer and he was advised to consult the Milk Officer of the Ministry of Agriculture and Fisheries.

Early in 1956, in one case where the sample showed deficiency in fat, a caution was sent to the producer/retailer concerned, who had been prosecuted in 1955. In another case where the fat deficiency

was very high, the producer/retailer concerned was prosecuted. The defendant stated that the sample had been taken from an odd bottle from a cow which was “drying-off” and was not intended for sale. A fine of £2 and £3 costs was, however, imposed.

Some of the samples of milk that were below standard showed only a slight deficiency of fat. In cases where the milk was definitely of low quality the producers were advised to seek assistance of the Agricultural Executive Committee.

The production of sub-standard milk from cows is on the increase and the Chief Sampling Officer reports “results of this character are, unfortunately, becoming much more frequent in this country, and until a legal standard is made, nothing can be done to prevent the sale of sub-standard milk.” Everything possible is done, and as has already been said, producers of legally genuine but low-standard milk, are advised to confer with the Ministry of Agriculture and Fisheries. The seriousness, however, of these deficiencies cannot be overstressed, especially as the milk is being consumed by children.

With regard to foods other than milk, some of the faults were due to faulty labelling and the vendors were cautioned. A sample of liquid, stated on the label to be more than a cider vinegar and to be capable of promoting vigour with slimness, is the subject of proceedings which are pending.

Details of the samples taken are as follows:—

						<i>Number taken.</i>	<i>Number Adulterated.</i>
Almonds (Ground)	...	...	...	...	...	2	—
Biscuits	...	...	...	...	...	1	—
Butter	...	...	...	...	...	15	—
Cake Mixtures	...	...	...	...	...	1	—
Canned Meat	...	...	...	...	...	1	—
Cheese Spread	...	...	...	...	...	2	—
Chemical Food	...	...	...	...	...	1	1
Cider Vinegar	...	...	...	...	...	1	1
Coffee	...	...	...	...	...	1	—
Condensed Milk	...	...	...	...	...	1	—
Cream	...	...	...	...	...	4	—
Creamed Rice	...	...	...	...	...	1	—
Curry Powder	...	...	...	...	...	1	—
Dandelion Coffee	...	...	...	...	...	1	—
Dried Fruit	...	...	...	...	...	4	—
Dried Herbs	...	...	...	...	...	1	—
Dried Vegetables	...	...	...	...	...	1	—
Drugs	...	...	...	...	...	5	—
Essence of Dressed Crab	...	...	...	...	...	3	—
Flour	...	...	...	...	...	10	—
Flour Confectionery	...	...	...	...	...	1	—
Flour Mixture	...	...	...	...	...	1	—
Grape Juice	...	...	...	...	...	1	1
Honey	...	...	...	...	...	1	—
Instant Whip	...	...	...	...	...	1	—
Jam	...	...	...	...	...	9	—
Jellies	...	...	...	...	...	3	—
Lard	...	...	...	...	...	3	—
Lemon Curd	...	...	...	...	...	1	—
Malt and Hops Extract	...	...	...	...	...	1	—
Margarine	...	...	...	...	...	1	—
Marzipan	...	...	...	...	...	7	2
Meat Products	...	...	...	...	...	8	1
Milk	...	...	...	...	...	348	46
Mincemeat	...	...	...	...	...	5	—
Mustard	...	...	...	...	...	1	—
Peanuts	...	...	...	...	...	1	1
Peanut Butter	...	...	...	...	...	1	—
Pepper	...	...	...	...	...	1	—
Pickling Spice	...	...	...	...	...	1	—
Potted Meat: Fish and Meat Pastes	...	...	...	...	...	5	—
Rose Hip Syrup	...	...	...	...	...	1	—
Sauces	...	...	...	...	...	2	—
Soft Drink	...	...	...	...	...	1	1
Soup and Soup Mixes	...	...	...	...	...	4	—
Stuffing	...	...	...	...	...	1	—
Sugar Confectionery	...	...	...	...	...	10	—
Tea	...	...	...	...	...	1	—
Tinned Fish	...	...	...	...	...	3	—
Tinned Fruit	...	...	...	...	...	1	—
Tomato Juice	...	...	...	...	...	1	—
Tomato Paste	...	...	...	...	...	2	—
Vinegar	...	...	...	...	...	2	—
Wines	...	...	...	...	...	2	2
Yeast	...	...	...	...	...	1	—
						490	56

NATIONAL ASSISTANCE ACT, 1948.

WELFARE OF THE AGED AND THE DISABLED.

Welfare Officers.

There were three welfare officers, one welfare officer for the Blind and an assistant welfare officer on the Departmental staff.

They paid the following visits:—

(a)	Aged	...	...	...	...	...	...	...	2,633
(b)	Blind and Partially Sighted	...	...	...	...	...	...	...	2,491
(c)	Deaf and Hard of Hearing	...	...	...	...	...	...	...	93
(d)	Disabled (other than (b) or (c))	...	...	...	...	...	...	...	949
(e)	Others	...	...	...	...	...	...	...	796
TOTAL									6,962

Welfare of the Disabled.

The Council continued to provide welfare services directly for all classes of the disabled in the community, and, where necessary, in collaboration with other statutory and voluntary organisations. It was recognised that this close association was of value in dealing with each disabled person as a human entity.

In this connection it is interesting to note the conclusions reached by the Committee of Enquiry on the Rehabilitation, Training and Resettlement of Disabled Persons (the Piercy Committee) when reporting in November, for not only did the Committee stress the importance of regarding each person as one indivisible human unit, but it emphasised also the need for the considerable development of the welfare services for the generally disabled provided by Local Authorities.

The services in the County have heretofore expanded steadily but, as was remarked in last year's Annual Report, with particular reference to the occupational therapy service for other than Home Workers, the case load carried by the one handicraft instructress was such that further expansion of this service, without an increase of staff, was impossible. Having regard both to this fact and the recommendations of the Piercy Committee, the Council decided to increase the establishment by one occupational therapist.

The numbers on the Registers at the 31st December, 1956, were:—

(a)	Blind	...	...	...	...	...	...	...	266
(b)	Partially Sighted	...	...	...	...	...	...	...	55
(c)	Deaf	...	...	...	...	...	...	...	53
(d)	Hard of Hearing	...	...	...	...	...	...	...	19
(e)	Generally Handicapped	...	...	...	...	...	...	...	119
Total number of persons registered									512

NOTE: Where a person is registered under more than one heading, *e.g.* Blind and Hard of Hearing, only blindness, as the principal disability, has been counted for the purpose of the above figures.

The Age Groups of the persons shown above are:—

	0—15	16—30	31—39	40—49	50—64	65 and over	Total
Blind	3	4	8	15	51	185	266
Partially Sighted	2	7	6	1	6	33	55
Deaf	12	9	5	10	10	7	53
Hard of Hearing	—	2	3	1	4	9	19
Generally Handicapped	2	22	12	21	48	14	119
TOTAL	19	44	34	48	119	248	512

Blind and Partially Sighted.

Forty-eight new blind and 21 new partially sighted patients were registered. Seven patients were removed from the partially sighted register on transfer to the blind register.

Details of the cause of defective vision of patients certified as blind or partially sighted and of the numbers which have received treatment are shown in the following table:—

(i) Number of cases registered during the year with recommendations as follows:—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	1	2	—	17
(b) Treatment (medical, surgical or optical or hospital supervision)	14	2	—	25
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	4	1	—	17

There were no new cases of blindness due to retrolental fibroplasia or ophthalmia neonatorum. Two ineducable blind children were accommodated in Mental Deficiency Hospitals.

The arrangements with the Norwich Institution for the Blind for the supervision of certain Home Workers were continued. Two basket makers, who were in receipt of National Assistance allowances, were included in the scheme. One Home Worker, a Braille copyist and piano tuner, continued to work as a copyist in the Home Workers' Scheme of the National Library for the Blind, and an annual grant of £50 was paid to the Library, and the Worker's income was augmented by the County Council. Towards the end of the year the Council accepted financial liability for the cost of providing sheltered employment in the Blind Workshop of the Norwich Institution for the Blind for one woman who had completed training in a workshop as a machine knitter under arrangements made by the Ministry of Labour and National Service. The Council received grants from the Ministry of Labour and National Service towards the recognised expenses incurred in providing employment for approved blind workers.

Eight persons were employed in remunerative occupations, as follows:—1 agricultural worker, 1 basket worker, 1 carpenter, 1 minister of religion, 1 physiotherapist, 2 telephone operators and 1 caretaker.

The Council continued the arrangements with the Royal National Institute for the Blind for the provision of a placement service for blind persons in industry, on the terms agreed between the Institute and the County Councils' Association. The provisional cost for the year 1955/56 for the 54 blind persons between the ages of 16 and 59 was £56 14s. 0d.

Social gatherings, excursions and holidays for blind people were again arranged and wireless sets provided by the British Wireless for the Blind Fund, were distributed in conjunction with the Voluntary Association.

Co-operation has continued with the West Suffolk Voluntary Association for the Blind, who were able to provide through their voluntary funds such extra comforts and services as cannot be supplied through the statutory service. For example, wireless sets were maintained by the Association and the talking book machines on loan to blind people were supervised, and grants from the Association's funds were made to provide holidays, gifts at Christmas time, and help in special circumstances.

The Council is represented on the Southern Regional Association for the Blind, to whom an annual grant was made. A grant was also made to the National Library for the Blind for services to 11 blind readers in the County, and in certain cases, the Council also paid the cost of postage on books.

Deaf and Hard of Hearing.

Co-operation with the Suffolk Mission to the Deaf, to whom the Council made a grant of £100 during the year, was maintained. The Chairman of the Health Committee continued to act as the County Council's representative on the Committee of the Mission and on the Executive Committee and General Council of the South-East Regional Association for the Deaf, to which the Council is affiliated.

Disabled (General) Classes.

There were 119 handicapped persons (other than blind and deaf) on the Council's register at the year's end, their disabilities being as follows:—

Amputations	5
Arthritis and rheumatism	11
Congenital malformations and deformities	13
Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	18

Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	...	...	...	...	...	...	...	...	...	10
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	...	...	...	...	...	...	...	...	...	40
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases	...	...	...	...	...	...	...	...	...	2
Tuberculosis (respiratory)	...	...	...	...	...	...	...	...	...	12
Tuberculosis (non-respiratory)	...	...	...	...	...	...	...	...	...	3
Diseases and injuries not specified above	...	...	...	...	...	...	...	...	...	5

The Council contributed towards the cost of works of adaptation to allow a disabled person to garage a motor tricycle.

Epileptics and Spastics.

The number of persons suffering from these disabilities known to the Department is as follows:—

Pre-School Children.

Two children have had fits and two are suffering from spasticity. One of the epileptics is probably mentally deficient, and one of the spastics is blind.

School Children.

Three children were resident in a special school for epileptics. Some thirty other children with histories of fits were under observation or treatment by their own doctors. Few were reported to have had fits in school.

Two children suffering from varying degrees of spasticity were attending ordinary schools, one was in a hospital school awaiting a place at a school for spastics, and one, not attending school, was awaiting a place at a school for educationally subnormal children.

Adults.

Of the 23 persons known to be suffering from epilepsy, six were accommodated in epileptic colonies, nine in other residential homes, and one in St. Faith's Hospital, Brentwood.

Eight cases of spasticity were regularly visited by the Welfare Officers.

Handicraft Instruction and Social Centres.

Instruction in various handicrafts was provided for disabled persons and help was given with the supply of materials and the disposal of finished products. In this connection, several successful sales of work were held.

As an experiment a small Handicraft and Social Centre was established in Westgate House, to be attended for a half-day each fortnight by disabled persons residing in the Bury St. Edmunds district. In addition to providing facilities for handicraft instruction in one place, with a consequent saving of officers' time and mileage, a means was offered of social intercourse for some of the disabled.

Should this pilot scheme prove a success, further consideration will be given to the establishment of additional centres in other parts of the County.

Welfare of the Aged.

Two members of the Health Committee were appointed to serve on the newly formed West Suffolk Old People's Welfare Association, to whom the Council made a grant of £100 for the year. The Association, among other things, provided a chiropody service for old people at a reduced fee, arranged and paid for holidays for some old people, and sponsored Old People's Clubs in the County. By the end of the year there were some thirty such Clubs, thirteen of which received grants from the Council. A grant was made to the National Association of Almshouses.

Many old people received regular visits from the welfare officers, and an increasing number of them came to the Department's notice as the year progressed, usually as a result of some special need. In this connection the Domestic Help Service played a most valuable role.

It was also decided to make a grant of £50 for the financial year 1956/57 to the Women's Voluntary Services towards the cost of their Scheme for "Meals on Wheels" in Bury St. Edmunds.

Much consideration has been given by the Council to the possibility of co-operating with the District Councils in the provision of special housing for old people. The Council had in mind the possibility of making a contribution under Section 126 of the Local Government Act, 1948, towards

the cost of any welfare services provided by District Councils, as part of schemes for housing old people, subject to the consent of the Minister of Health. The Council, therefore, decided to appoint representatives to discuss the matter with representatives of the District Councils. Meanwhile, it was known from Circular 32/56 that the Ministry of Housing and Local Government were conducting a survey into existing general arrangements in the country for housing old people, special regard being paid to ascertaining the needs of such people for special housing. It is hoped that eventually, in the light of the results of this survey and those produced by the discussions to take place with the District Councils, the needs of old people in the County for special housing will receive greater attention.

Residential Accommodation.

Residential accommodation continued to be provided in the two Hostels of the Council, Bristol House, Felixstowe, and The Glanely Rest, Exning, in St. Mary's Hospital, Bury St. Edmunds (which is a joint-user Institution), in the Home for the Blind at Cloncurry, Felixstowe, and by arrangements with other local authorities and voluntary organisations.

Plans for the erection of a Home for Aged and Blind Persons in Bury St. Edmunds, for the accommodation of 42 elderly, and 16 blind persons, were submitted to the Ministry of Health, and the sum of £57,000 was included in the capital works programme. Application was made to the Ministry for loan sanction, which at the end of the year was still awaited.

On the 31st December, 1956, residential accommodation was provided as follows:—

St. Mary's Hospital, Bury St. Edmunds	...	...	...	...	...	117
The Glanely Rest, Exning	...	...	...	...	...	57
Bristol House, Felixstowe	...	...	...	...	...	45
Red House, Sudbury	...	...	...	...	...	13
Manson House, Bury St. Edmunds	...	...	...	...	...	1
"Cloncurry", Felixstowe	...	...	...	...	...	9
Home for Epileptics	...	...	...	...	...	6
Home for Deaf and Dumb Women	...	...	...	...	...	1
Other Local Authorities' Homes	...	...	...	...	...	2
Other Voluntary Homes	...	...	...	...	...	5
						<hr/> 256 <hr/>

Registered Homes for the Aged and Disabled.

There were ten Aged and Disabled Persons' Homes in the County, with a total accommodation for 106 persons at the end of the year. All the Homes were inspected at regular intervals by medical officers. There was one new registration during the year.

Temporary Accommodation.

Temporary accommodation for persons in urgent need was provided at St. Mary's Hospital, Bury St. Edmunds, for 11 women and 14 children, compared with 8 women and 11 children during the previous year.

Reception Centre.

Until 1st December, 1956, when it was closed by the National Assistance Board, the County Council continued to act as agents of the Board for the management of the Reception Centre for 'Persons without a Settled Way of Living' at St. Mary's Hospital, Bury St. Edmunds. During the eleven months 2,362 men and 109 women were accommodated, an average of 7 persons each night.

During the year 5 persons were admitted to Part III Accommodation, 6 to hospitals, one to a Home for Unmarried Mothers, 4 were placed in employment and 4 returned to their families.

